

**VACANCY ANNOUNCEMENT**  
NAO-05-16

**OPENING DATE**  
04-27-05

**CLOSING DATE**  
05-17-05

**POSITION TITLE**

Special Assistant to the Area Director

**LOCATION AND DUTY STATION**

Navajo Area Indian Health Service, Office of the Area Director, St. Michaels, Arizona

**GRADE/SALARY**

GS-301-12, \$60,576 per annum

GS-301-13, \$72,035 per annum

**NUMBER OF VACANCIES:** One Vacancy

<u>APPOINTMENT</u>	<u>WORK SCHEDULE</u>	<u>AREA OF CONSIDERATION</u>	<u>SUPERVISORY</u>
? Permanent	? Full Time	? DHHS Wide	? NO
<u>PROMOTION POTENTIAL</u>	<u>HOUSING</u>	<u>TRAVEL/MOVING</u>	
? Yes, to GS-13	? Private Housing Only	? May Be Paid For Eligible Employees	

**DUTIES:** Position located in the Office of the Area Director at the Navajo Area Office. Serves as Special Assistant to the Area Director (AD). In this capacity, performs a wide variety of analytical and other support functions. Conducts studies to examine issues such as (1) whether IHS and Navajo Area goals are being met; (2) whether the area is operating its programs in the most cost effective manner; (3) whether internal management systems are performing as intended; and (4) the implementation of Public Law 93-638. Based on results of studies and analyses, prepares reports and recommendations for the AD. Reports are expected to be comprehensive and fully consider the full range of factors including but not limited to health care, administrative and/or cost issues. Participates in the development and implementation of the Area's strategic and tactical planning by recommending approaches and coordinating and synthesizing input from throughout the Area. Advises the AD on policy legislation and regulations, which have an impact on IHS programs and activities. Analyzes proposed legislation, regulations and policies and prepares the Area's comments, incumbent is expected to resolve differences in order to develop a unified Area position. Tracks state and federal legislation affecting NAIHS and conveys this information to the AD on a periodic basis. Serves as staff liaison to special committees, official or quasi-official bodies and governmental agencies. Coordinates projects between various departments within the Navajo Area Office. Assures that the management of assigned projects is done in an efficient and effective manner. Attends NAIHS meetings as required on behalf of AD and assists the AD with follow-up items from meetings. Responds to public inquiries either verbally or in writing in a timely manner and serves as back up Public Information Officer. Performs other duties as assigned.

**QUALIFICATION REQUIREMENTS:** YOUR DESCRIPTION OF WORK EXPERIENCE, LEVEL OF RESPONSIBILITY, AND ACCOMPLISHMENTS WILL BE USED TO DETERMINE THAT YOU MEET THE FOLLOWING REQUIREMENTS.

**POSITIVE EDUCATION REQUIREMENT:** NO

**LICENSURE REQUIRED:** NO

**BASIC REQUIREMENTS:** Applicants must have 52 weeks of specialized experience equivalent to at least the GS-11 grade level for the GS-12 grade level and at least 52 weeks of specialized experience equivalent to the GS-12 grade level for the GS-13 grade level.

**SUBSTITUTION OF EDUCATION FOR EXPERIENCE:** Not applicable.

**SPECIALIZED EXPERIENCE:** Experience in planning, organizing, and directing teams. Highly developed interpersonal and communication skills, including negotiation skills. Knowledge of IHS and Navajo Area's mission, organization, goals, policies and procedures. In addition, knowledge of tribal government and tribal health systems. Must have the ability to modify the boundaries of projects or change direction.

**TIME-IN-GRADE REQUIREMENTS:** A candidate applying under the provisions of the merit promotion plan must have completed at least 52 weeks of service at the GS-11 level to qualify for the GS-12 level and at least 52 weeks of service at the GS-12 level to qualify for the GS-13 level.

**LEGAL AND REGULATORY REQUIREMENTS:** Candidates must meet time-after competitive appointment, time-in grade and qualification requirements by the date certificate is issued.

**CONDITION OF EMPLOYMENT:** Immunization Requirement - All persons born after 12-31-56 must provide proof of immunity to Rubella and Measles. Serology testing to confirm immunity and/or immunizations will be provided free of charge. Special consideration may be allowed to individuals who are allergic to a component of a vaccine, have a history of severe reaction to a vaccine, or who are currently

pregnant. This applies to candidates for positions in any Service Unit or any Area Office position which requires regular work at a Service Unit.

**REASONABLE ACCOMMODATION:** This agency provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify the agency. The decision on granting reasonable accommodation will be on a case-by-case basis.

**\*\*NOTE\*\***Refer to OPM Operating Manual Qualification Standards Handbook or IHS Excepted Service Qualification Standard, Series GS-301 for complete information. For more complete information, contact your servicing Personnel Office.

**WHO MAY APPLY:** Merit Promotion Plan (MPP) Candidates: Applications will be accepted from status eligibles (e.g., reinstatement eligibles and current permanent employees in the competitive Federal service) and from current permanent IHS employees in the excepted service who are entitled to Indian Preference.

Excepted Service Examining Plan (ESEP) Candidates: Applications will be accepted from individuals entitled to Indian Preference. Current permanent IHS Excepted Service employees and Competitive Service employees or reinstatement eligibles entitled to Indian Preference may also apply under the provisions of the Indian Health Service Excepted Service Examining Plan. These candidates must indicate on their application whether their application is submitted under the IHS Excepted Service Examining Plan, the IHS Area Merit Promotion Plan or both.

Applications will also be accepted from individuals eligible for non-competitive appointment (e.g., applicants eligible for appointment under the Veterans Readjustment Act, the severely handicapped, those with a 30% or more compensable service-connected disability).

Veteran's Preference: Veterans who are preference eligibles or who have been separated from the armed forces under honorable conditions after 3 years or more continuous active service, may apply.

**INFORMATION FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) SURPLUS OR DISPLACED EMPLOYEES REQUESTING SPECIAL SELECTION PRIORITY CONSIDERATION.**

If you are currently a DHHS employee who has received a Reduction in Force (RIF) separation notice or a certificate of expected separation, you may be entitled to special priority selection under the DHHS Career Transition Assistance Program (CTAP). To receive this priority consideration you must:

1. Be a current DHHS career or career-conditional (tenure group I or II) or be a current IHS excepted appointment (with no time limits) tenure group II excepted/competitive service employee who has received a RIF separation notice or a Certificate of Expected Separation (CES) and, the date of the RIF separation has not passed and you are still on the rolls of DHHS. You must submit a copy of the RIF separation notice or CES along with your application.
2. Be applying for a position that is at or below the grade level of the position from which you are being separated. The position must not have a greater promotion potential than the position from which you are being separated.
3. Have a current (or last) performance rating of record of at least fully successful or equivalent. This must be submitted with your application package.
4. Be currently employed by DHHS in the same commuting area of the position for which you are requesting priority consideration.
5. File your application by the vacancy announcement closing date and meet all the application criteria (e.g., submit all required documentation, etc.)
6. Meet the basic qualifications for the position any documented selective factor, physical requirements with any reasonable accommodation and is able to satisfactorily perform the duties of the position without undue interruption.

**INFORMATION FOR DISPLACED EMPLOYEES REQUESTING SPECIAL SELECTION PRIORITY CONSIDERATION UNDER THE INTERAGENCY CAREER TRANSITION ASSISTANCE PROGRAM (ICTAP).**

If you are a displaced Federal employee you may be entitled to receive special priority consideration under the ICTAP. To receive this priority consideration, you must:

1. Be a displaced Federal employee. You must submit a copy of the appropriate documentation such as RIF separation notice, a letter from OPM or your agency documenting your priority consideration status with your application package. The following categories of candidates are considered displaced employees.
  - A. Current or former career or career-conditional (tenure group I or II) competitive service employees who:
    1. Received a specific RIF separation notice; or
    2. Separated because of a compensable injury, whose compensation has been terminated, and who former agency certifies that it is unable to place; or
    3. Retired with a disability and whose disability annuity has been or is being terminated; or
    4. Upon receipt of a RIF separation notice retired on the effective date of the RIF and submits a Standard Form 50 that indicates "Retirement in lieu of RIF"; or

5. Retired under the discontinued service retirement option; or
  6. Was separated because he/she declined a transfer of function or directed reassignment to another commuting area.
- OR

B. Former Military Reserve or National Guard Technicians who are receiving a special Office of Personnel Management (OPM) disability retirement annuity under section 8337(h) or 8456 of Title 5 United States Code.

2. Be applying for a position at or below the grade level of the position from which you have been separated. The position must not have a greater promotion potential than the position from which you were separated.
3. Have a current (or last) performance rating of record of at least fully successful or equivalent. This must be submitted with your application package. (This requirement does not apply to candidates who are eligible due to compensable injury or disability retirement.)
4. Occupy or be displaced from a position in the same local commuting area of the position for which you are requesting priority consideration.
5. File your application by the vacancy announcement closing date and meet all the application criteria (e.g., submit all required documentation, etc.).
6. Be rated well qualified by achieving a score of 80 on a scale of 70 to 100 for the position including documented selective factors, quality ranking factors, physical requirements with reasonable accommodations and is able to satisfactorily perform the duties of the position upon entry.

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**EVALUATION CRITERIA:** Evaluation will be made of Experience, Performance Appraisal, Training, Letters of Commendation, Self-Development, Awards and Outside Activities which are related to this position. To receive full credit for your qualifications, provide a narrative statement which fully describes all aspects of your background as they relate to the knowledge, skills, and abilities (KSA's) outlined below and show the level of accomplishments and degrees of responsibility.

The KSA's in your narrative statement will be the principle basis for determining whether or not you are highly qualified for the position. Describe your qualifications in each of the following:

1. Knowledge of health care delivery systems.
2. Knowledge of Federal Laws: DHHS, IHS policies, rules, regulations and procedures.
3. Ability to investigate, analyze and solve problems.
4. Ability to communicate orally and in writing.

**(SEE SUPPLEMENTAL QUESTIONNAIRE FOR DEFINITIONS.)**

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**NOTE: "Declaration for Federal Employment" (OF-306)** must be completed and submitted with original signature to determine your suitability for Federal employment, to authorize a background investigation, and to certify the accuracy of all the information in your application. Responding "yes" to any one of these two questions can make you ineligible for employment in this position. **If you make a false statement in any part of your application, you may not be hired; you may be fired after you begin work; or you may be fined or jailed.**

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**HOW & WHERE TO APPLY:** All applicants, except Commissioned Officers, must submit one of the following to the Navajo Area Indian Health Service, Division of Personnel Management, Post office Box 9020, Window Rock, Arizona 86515-9020: **FOR MORE INFORMATION CONTACT: Angela Segay, Human Resources Specialist at (928) 871-1421.**

1. OF-612, Optional Application for Federal Employment; or,
2. SF-171, Application for Federal Employment; or,
3. \*Resume; or,
4. \*Any other written application format; plus college transcripts, a copy of your most recent performance appraisal and any other necessary documentation pertinent to the position being filled.

A copy of an Official Bureau of Indian Affairs Preference Certificate, BIA Form 4432 (or equivalent form issued by a Tribe authorized by P.L. 93-638 contract to perform the certification function on behalf of the BIA), signed by the appropriate BIA Official, must be submitted if the applicant claims Indian Preference OR appropriate BIA form showing 50% or more blood quantum if applicant is not an enrolled tribal member. Navajo Area Indian Health Service employees claiming Indian Preference need not submit the BIA Form 4432, but must state that such documentation is contained in their Official Personnel Folder.

**\*INFORMATION REQUIRED FOR RESUMES AND OTHER APPLICATION FORMATS:** Resumes or other application formats must contain all of the information listed below in sufficient detail to enable the personnel office to make a determination that you have the required qualifications for the position. **SPECIFICALLY, THE INFORMATION PROVIDED UNDER #8 (HIGH SCHOOL), #9 (COLLEGES AND UNIVERSITIES) AND #10 (WORK EXPERIENCE) WILL BE USED TO EVALUATE YOUR QUALIFICATIONS FOR THIS POSITION. FAILURE TO INCLUDE ANY OF THE INFORMATION LISTED BELOW MAY RESULT IN LOSS OF CONSIDERATION FOR THIS POSITION.**

1. Announcement Number, Title and Grade of the job for which you are applying.
2. Full Name, Mailing Address (with Zip Code) and Day and Evening Phone Numbers (with Area Codes).

3. Social Security Number.
4. Country of Citizenship.
5. Veteran's Preference Certificate: DD-214, indicating discharge and/or SF-15 if claiming 10-point preference. Veteran's Preference is not applicable to current DHHS permanent employees, Federal employees with competitive status, or reinstatement eligibles.
6. Copy of the latest SF-50, Notification of Personnel Action, if current or prior Federal employee.
7. Highest Federal civilian grade held (give series and dates held).
8. High School: Name, City, State (Zip Code if known) and date of Diploma or GED.
9. Colleges and Universities: Name, City, State (Zip Code if known), majors, type and year of any degrees received (if no degree, show total semester or quarter hours earned); preferably attach transcripts.
10. Work Experience (Paid and Non-Paid): Job title, duties and accomplishments, employer's name and address, supervisor's name and phone number, starting and ending dates (month/year), hours per week, and salary.
11. Indicate if we may contact your current supervisor.
12. Job related training courses, skills, certificates, registrations and licenses (current only), honors, awards, special accomplishments.

**WE WILL NOT ACCEPT APPLICATIONS BY FAX, E-MAIL OR ELECTRONIC MAIL.**

NOTE: Persons who submit incomplete applications will be given credit only for the information they provide and may not, therefore, receive full credit for their veteran preference determination, Indian preference, education, training, and/or experience.

**ADDITIONAL SELECTIONS:** Additional or alternate selections may be made within 90 days of the date the certificate was issued if the position becomes vacant or to fill an identical additional position in the same geographic location.

**COMMISSIONED OFFICERS:** Commissioned Officers may indicate an interest in being considered by submitting a resume. Commissioned Corps applicants will be evaluated by the Personnel Office against the applicable Preston standard or the civil service standard, if no Preston standard exists. These applicants must describe the experience gained in their two most recent positions and provide the dates they occupied those positions.

In addition, Commissioned Corps applicants must also provide information regarding education, including degrees obtained by submitting official transcripts and schools attended and they must include home/work telephone numbers if this information is not contained in the resumes. When required by the vacancy announcement, these applicants must submit specific information related to any knowledge, skills, and abilities which are being used as selective factors. Commissioned Corps applicants are also required to submit proof of Indian Preference such as proof of possession of the appropriate license.

**INDIAN PREFERENCE:** Preference in filling vacancies is given to qualified Indian candidates in accordance with the Indian Preference Act. Other than the above, the IHS is a Equal Opportunity Employer.

**SELECTIVE SERVICE CERTIFICATION:** If you are a male born after December 31, 1959, and you want to be employed by the Federal Government, you must (subject to certain exemptions) be registered with the Selective Service System.

**EQUAL EMPLOYMENT OPPORTUNITY:** SELECTION FOR POSITIONS WILL BE BASED SOLELY ON MERIT WITH NO DISCRIMINATION FOR NON-MERIT REASONS SUCH AS RACE, COLOR, RELIGION, GENDER, SEXUAL ORIENTATION, NATIONAL ORIGIN, POLITICS, MARITAL STATUS, PHYSICAL HANDICAP, AGE OR MEMBERSHIP OR NON-MEMBERSHIP IN AN EMPLOYEE ORGANIZATION. PROMOTIONS OR APPOINTMENTS WILL NOT BE BASED ON PERSONAL RELATIONSHIP OR OTHER TYPES OF PERSONAL FAVORITISM OR PATRONAGE.

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HUMAN RESOURCES CLEARANCE

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DATE

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EACH APPLICATION FORM AND DOCUMENT FORM MUST BE INDIVIDUALLY IDENTIFIED BY THIS ANNOUNCEMENT NUMBER - NAO-05-16. ALL ORIGINAL DOCUMENTS AND COMPLETED APPLICATION FORM MUST BE DUPLICATED BY THE APPLICANT BEFORE SUBMISSION, AS WE DO NOT HONOR REQUESTS FOR XEROX COPIES. COMPLETED FORMS WHEN SUBMITTED BECOME THE PROPERTY OF THIS PERSONNEL OFFICE AND WILL NOT BE RETURNED.

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**SUPPLEMENTAL QUESTIONNAIRE**  
Special Assistant to the Area Director, GS-301-12/13

1. **Knowledge of healthcare delivery systems.** The person in this position must have the knowledge of direct patient care systems administration, including allied health care functional programs. What in your background shows you possess this ability?

What was the duration of this activity?

Who can verify this information? (Please provide a telephone number.)

2. **Knowledge of Federal Laws: DHHS, IHS policies, rules, regulations and procedures.** The person in this position must have the knowledge and understanding of IHS Policy and Regulations by which HHS, PHS and other Federal Agencies are required to conduct business and provide support, direction and guidance to employee. What in your background shows you possess this ability?

What was the duration of this activity?

Who can verify this information? (Please provide a telephone number.)

3. **Ability to Investigate, Analyze and Solve Problems.** The person in this position must have the ability to collect and organize factual information and to interpret and evaluate in a logical manner to arrive at objective conclusion or recommendation. What in your background shows you possess this ability?

What was the duration of this activity?

Who can verify this information? (Please provide a telephone number.)

4. **Ability to communicate orally and in writing.** The person in this position must have the ability to communicate verbally and in writing on a variety of written materials. This also includes the ability to express oneself in writing with clear and concise information, in correspondences, reports, instructional materials, manuals and be able to convey the agency policy and instructions to others in a way, which will insure successful completion of the mission. What in your background indicates you possess this knowledge?

What was the duration of this activity?

Who can verify this information? (Please provide a telephone number.)

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#### C E R T I F I C A T I O N

I CERTIFY that all of the statements made in the above questionnaire are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

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Signature of Applicant

Date